OR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
CHECK ONE:	_	DR-1	OF
This is an initial* Statement of Organization		(Rev. 07/2003)	ORGANIZATION
This is an amended* Statement of Organization		For Office U	se Only
		-	
An initial Statement of Organization must be filed within 10 days of the Ma expenditures, or incurring indebtedness exceeding \$750. Am indments mus	mittee's accepting co tributions, making	Comm. #	21180
xpenditures, or incurring indebtedness exceeding \$750. Amendments mus lenalties may be imposed for late-filed Statements of Organitation.	nt be med with 30 days of a change.	Indexed	
chames may be imposed for late med statements of organization.	i i i	Audited	
		Computer	
COMMITTEE NAME ↓↓			
_			•
Citizens Committee to R	assens Kinkmander	Tuck	
	/ / / / / / / / / / / / / / / / / / / /	- NO 2 1 M M	211010
IMPORTANT: Indicate type of committee you are reporting for:	<u></u>		
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Par	rty(4)County/Local Candidate(5)Co	unty PAC (6)B	allot Issue/Franchis
Committee (7)County/City Central Committee			
DMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory	except for a car	didate's committee
Name ↓ ↓	Name		
	Bob Sienk		
	DOD STEPR		
Mailing Address ↓ ↓	Mailing Address ↓ ↓	<i>t</i> •	
	60 Auban X	11 6	clo
City, State ↓ ↓ Zip Code ↓ ↓	City, State J J Zin Code J J		VIE
	Zip Gode V V		- 4
	Mailing Address ↓ ↓ 60 Avbor ₩ City, State ↓ ↓ Zip Code ↓ ↓ Jown City	CA SAZ	45-3100
Phone ()	Phone (319) 335 67	P V	_
r none (4		
e-Mail	e-Mail bcbsicn KO	ad/. Com	
INDICATE PURPOSE OF COMMITTEE - Check One Box 🔲 A	dvocate for/against candidate(s)	vocate for/agains	t ballot issue(s)
Comment or description:			
All Candidates Enter:	D' A L		
Office Sought:	District:		
Political Party (if applicable)	Year Standing for Election:		
County/Local Candidates and Local Ballot/Franchise Committees Ent			
County:	Date of Election:	·	
Bank Account Name ↓ ↓	Candidate name & Address or Par	ent Entity (PACs	, if applicable).
		liate, or Sponso	
Name of Financial Institution/type of Account ↓↓	Mailing Address ↓ ↓		
Tame of Financial Monatchorpty of Alboouth	Walling Address V V		
Mailing Address ↓ ↓	City ↓ ↓ S	State ↓ ↓	Zip ↓ ↓
City ↓ ↓ State ↓ ↓ Zip ↓ ↓	Phone ()		
State V V Zip V V	Thorse ()		
	e-Mail		
ATEMENT OF AFFIRMATION: By filing this document the committee affirm	ms the following:		
	•		
The committee and all persons connected with the committee understand that the	hey are subject to the laws in Iowa Code cha	pters 68A and 68E	and the
ministrative rules in Chapter 351 of the Iowa Administrative Code.		•	
That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclosu	re reports and that the failure to file these re	ports on or before t	the required due
es subjects the candidate or chairperson (in the case of committees other than a	a candidate's committee) to the automatic as	sessment of a civil	penalty and the
sible imposition of other criminal and civil sanctions.			
That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the	placement of the words "paid for by" and the	name of the comm	nittee on all political
terials except for those items exempted by statute or rule.			
That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the	receipt of corporate contributions by all com-	mittees except for s	statewide and local
ot issue PACs.	•		
A candidate and a candidate's committee may only expend campaign funds as	permitted by Iowa code sections 68A.301 the	ough 68A.303 and	rule 351—4.25.
That the committee will continue to file disclosure reports until all activity has ce			
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That the committee will continue to file disclosure reports until all activity has cersolution (DR-3) has been filed.			
A candidate and a candidate's committee may only expend campaign funds as That the committee will continue to file disclosure reports until all activity has cesolution (DR-3) has been filed. Signature of Treasurer Signature of Candidate, OR, for all other committees, Chairperson	ased, committee funds spent, debts resolved 20/0 Date		

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